



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: WOODLAWN HOSPITAL

City of Hospital: Rochester

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Carrie Bowers

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Medicare Provider Number: 151313

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$24690812
Outpatient Patient Service Revenue	\$140149107
Total Gross Patient Service Revenue	\$164839919

2. Deductions From Revenue

Contractual Allowance	\$101902531
Other Deductions	\$0
Total Deductions	\$101902531

3. Total Operating Revenue

Net Patient Service Revenue	\$62937387
Other Operating Revenue	\$664324
Total Operating Revenue	\$63601711

4. Operating Expenses

Salaries and Wages	\$27873886	Employee Benefits	\$7722802
Depreciation and Amortization	\$1820649	Interest Expense	\$434350
Bad Debt	\$4550608	Other Expenses	\$25795327
Total Operating Expenses	\$68197622		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-4595911	Total Assets	\$53902289
Net Non-operating Gains over Loss	\$8830212	Total Liabilities	\$53902289
Total Net Gains	\$4234301		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$34010944	\$46299171	\$-12288227
Medicaid	\$15444792	\$14576932	\$867860
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$89285345	\$43613355	\$45671990
Total	\$138741081	\$104489458	\$34251623

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$19822	\$35796	\$-15974
Community Education	\$1305	\$0	\$1305

Number of Medical Professionals Trained	375
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$1013186
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1013186	
HCI Payments	\$0		
Subtotal	\$0	\$1013186	\$-1013186
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$790,339		

Subtotal	\$790339	\$0	\$790339
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$4472527	\$0	
Total	\$5262866	\$0	\$5262866

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$224	\$56951	\$-56727
Other Allocations	\$0	\$0	\$0

Comments

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